MAY 1 2 1998

To whom it may concern,

I believe that conservation is the smart solution to our terrible Bay Delta polution; Extremely powonious water.

cht has been my experience that we really can't lat the fish we catch from the Delta without a high risk of to the poisoning, The water that comes out of our tap 13 so full of Chemicles & Chlorine its Virtually undrinfable. We have to bey bottled water. There are signs faround townshow the water may cause cancer & be hanardons to our health.

Please implement measures which do not include more canals, storage reservoirs, dredging or water diversion.

Instead, stop taxpayus from footing so much of the bell for large corporate farms. I support a solution that promotes water saving programs on our farms è cities. The only sustainable way to replenish the Bay è Delta is to use lesswater.

Alts really a problem; hayardous to our health. Think of future generations. It closely get

## GROUP

INTERSTATE 80 Grand Avenue INSURANCE P. O. Box 720
Oakland, CA 94604
510/832-6696

Proof of Loss

						-
Rece	ipt	&	Re	le	as	е

Claim	No.

	0/234-2474	Receipt &	Helease	Policy No.	Company	
cago Insurance Company Instate Indemnity Company Member Companies of The Fireman's Fund Insurance Group	According to the			Policy of Insurances  Paid Policy as fol		, the Company insu
Make		Year	Body Type	· · · · · · · · · · · · · · · · · · ·	V.1.N.	
A loss caused by			occurred or	n the	_ day of	, 19
about the hour	r	n. the particula	ars of which are	as follows:		
The vehicle will be read the loss described vagent or any other partners is no other instance is no lien, contact the second sec	vas not caused int erson acting for o surance in force a	entionally or of r on behalf of t s to this loss.	he Insured.	- · · · · · · · · · · · · · · · · · · ·		·
Loss/Damage	Less Amou	int of Deductible	Other D	eductions	Amount Clair	ned Due by the Insured
\$	\$		\$		\$	•
me in such manne in the name of the In possession or contro	er as shall be necesured; that the Install for the purpose restands and agree a waiver of any rigowledges receipt of and discharges	essary or appro- cured will furnis of enforcing so s that the furni thts of the said of the sum of _ the Company	priate for the ush such papers uch claim, dem shing of this fo Company.	se and benefit o , information, or and, or cause of rm or the prepar all liability wha	f the Company, eit evidence as shall I f action; and ration thereof by a ttsoever for any c	be within the Insure ny adjuster or agent
satisfaction for all su			escribed above	and fulfiler ack	nowledges receip	, or said amount in i
For your protection "(a) It is unlawful to: (*ing payment of a loss presentation of multip collision, or any other make, or subscribe a (b) Every person who five years, or by fine	I) Knowingly prese a under a contract of the claims to more to be vehicular accide my writing, with into to violates any prov	nt or cause to be of insurance. (2) than one insure ent, for the purp ent to present of ision of this sec	e presented an c) Knowingly pre- r, with an intent- cose of present r use the same ction is punisha	y false or fraudulesent multiple cla to defraud. (3) Kn ting any false or , or to allow it to b able by imprisonr	aims for the same I owingly cause or p fraudulent claim. ( e presented in sup nent in the state p	oss or injury, includi articipate in a vehicu (4) Knowingly prepa port of any such clai
The Insured acknown Paid under his direct	owledges receipt o tion as follows:	of the sum of _				(\$
То					the sum of	(\$
То					the sum of	(\$
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C -0 1 0 5 6 1

DATE: \_

AJS 11/91

the sum of (\$\_

INSURED

INSURED

"Worse if we don't do something smart now by saving the Delta through Conservation.

Sincerely Paula Shea 35 Oakbrook P 1 Pittsburg CA 94565

## INTERSTATE 80 Grand Avenue

Claim	No.

INSURANCE	P. O. Box 720 Oakland, CA 94604	Proof of Loss	LOSS Claim No.		<b>a.</b>	
GROUP	510/832-6696 800/234-2474	Receipt & Release		Policy No. Company		
Chicago Insurance Company Interstate Indemnity Company Member Companies of The Fireman's Fund Insurance G		ne terms and condit the automobile de			nce identified above, tollows:	the Company insur-
Make		Year	Body Type		V.I.N.	
A loss caused by			occurred o	n the	day of	, 19
about the hour		m. the particulars o	of which ar	e as follows:		
The loss describe agent or any other There is no other	r person acting for of insurance in force a	tentionally or other or on behalf of the as to this loss.	wise by the Insured.		ement, or fraud of the	and the second
Loss/Damage	Less Amo	ount of Deductible	Other	Deductions	Amount Claime	d Due by the Insured
\$	\$		\$	·	\$	
In consideration	n of the payment of				(	· ·\$)
the Insured hereb and nature which	y assigns, transfers the Insured now ha	and sets over to the s, or may hereafter	have, agai	nst any person o	ms or causes of action or persons as the response agrees that the Comp	n of whatsoever kind ult of the occurrence

The Insured understands and agrees that the furnishing of this form or the preparation thereof by any adjuster or agent of the Company is not a waiver of any rights of the said Company.

same in such manner as shall be necessary or appropriate for the use and benefit of the Company, either in its own name in the name of the Insured; that the Insured will furnish such papers, information, or evidence as shall be within the Insured

The Insured acknowledges receipt of the sum of \_ and hereby releases and discharges the Company from any and all liability whatsoever for any claim under Policy No. for the loss or damage described above and further acknowledges receipt of said amount in full satisfaction for all such claims or demands.

For your protection state law requires the following to appear on this form.

possession or control for the purpose of enforcing such claim, demand, or cause of action; and

"(a) It is unlawful to: (1) Knowingly present or cause to be presented any false or fraudulent claim for the payment of a loss, including payment of a loss under a contract of insurance. (2) Knowingly present multiple claims for the same loss or injury, including presentation of multiple claims to more than one insurer, with an intent to defraud. (3) Knowingly cause or participate in a vehicular collision, or any other vehicular accident, for the purpose of presenting any false or fraudulent claim. (4) Knowingly prepare, make, or subscribe any writing, with intent to present or use the same, or to allow it to be presented in support of any such claim. (b) Every person who violates any provision of this section is punishable by imprisonment in the state prison, for two, three, or five years, or by fine not exceeding twenty-five thousand dollars (\$25,000), or by both."

The Insured acknowledges receipt of the sum of Paid under his direction as follows:		(\$)
То	the sum of	(\$)
То	the sum of	(\$)
то	the sum of	(\$
WITNESS:		

INSURED

INSURED

AJS 11/91